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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/735,713	
	<b>Filing Date</b>	Dec 12, 2000	
	<b>First Named Inventor</b>	Walke, D. Wade	
	<b>Group Art Unit</b>	1752	
	<b>Examiner Name</b>	S. Swope	
<b>Total Number of Pages in This Submission</b>	3	<b>Attorney Docket Number</b>	LEX-0108-USA


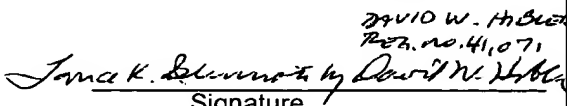
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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<b>Customer # 24231</b>	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Lexicon Genetics Incorporated Lance K. Ishimoto Reg. 41,866
Signature	Lance K. Ishimoto & David W. Huber DAVID W. HUBER Reg. no. 41,071
Date	July 12, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on this date: July 12, 2004			
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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number <b>LEX-0108-USA</b>
	In re Application of <b>Walke et al.</b>	
	Application Number <b>09/735,713</b>	Filed <b>12/12/00</b>
	For <b>Human Proteases and Polynucleotides Encoding the Same</b>	
	Group Art Unit <b>1652</b>	Examiner <b>S. swope</b>
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate small-entity fee are as follows (check time period desired):</p> <p><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) <span style="float: right;">\$ <u>55.00</u></span></p> <p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0892</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest.  <input type="checkbox"/> applicant.  <input checked="" type="checkbox"/> attorney or agent of record.  <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).  Registration number if acting under 37 CFR 1.34(a). _____</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <u>July 12, 2004</u> Date </div> <div style="text-align: center;">  Signature </div> </div> <div style="text-align: center; margin-top: 10px;"> <u>Lance K. Ishimoto Reg. No. 41,866</u> Typed or printed name </div> <p style="text-align: center; margin-top: 20px;"><b>Customer # 24231</b></p>		
<input checked="" type="checkbox"/> Total of two (2) forms are submitted.		

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